

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # S06286

1. Entity Name
RED BARN SHEDS, INC.



Principal Place of Business
**12948 OKEECHOBEE BLVD.
LOXAHATCHEE, FL 33470 US**

Mailing Address
**12948 OKEECHOBEE BLVD.
LOXAHATCHEE, FL 33470 US**



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0230321	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CASE, JEFF L PRES
12948 OKEECHOBEE BLVD
LOXAHATCHEE, FL 33470**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature of the registered agent or the registered agent's authorized representative.

NOTE: Registered Agent signature required when changing.

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CASE, JEFF L
STREET ADDRESS	12948 OKEECHOBEE BLVD.
CITY-STATE-ZIP	LOXAHATCHEE, FL 33470
TITLE	D
NAME	KUNCL, J V "JACK"
STREET ADDRESS	12948 OKEECHOBEE BLVD
CITY-STATE-ZIP	LOXAHATCHEE, FL 33470
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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01/10/08-80017-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/08 561790-0004
Date Officer/President